



INSPIRE. EMPOWER. NURTURE.  
Enter with promise. Leave with purpose.

# District 155 Intra-District Transfer Application

## Board Policy 7:30

STUDENT LAST NAME:	FIRST NAME AND MIDDLE INITIAL:	DATE OF REQUEST:
APPLYING FOR SCHOOL YEAR:	ASSIGNED BOUNDARY SCHOOL:	APPLYING FOR TRANSFER TO:
CURRENT GRADE LEVEL:	BIRTH DATE:	APPLYING FOR GRADE LEVEL:
PARENT/GUARDIAN LAST NAME:	FIRST NAME:	DAYTIME CONTACT NUMBER:
EMAIL ADDRESS:	STREET MAILING ADDRESS:	CITY/ZIP:
CHECK ALL SERVICES, PROGRAMS, or CIRCUMSTANCES THAT CURRENTLY APPLY TO THE STUDENT:		
<ul style="list-style-type: none"> <li><input type="checkbox"/> Student has an IEP (Individual Education Plan)</li> <li><input type="checkbox"/> Student is an ELL (English Language Learner)</li> <li><input type="checkbox"/> Family hardship is reason for application</li> <li><input type="checkbox"/> Other (Explain)</li> <li><input type="checkbox"/> Student has a Section 504 Plan</li> <li><input type="checkbox"/> Student has received counseling through school staff</li> <li><input type="checkbox"/> Student is involved in counseling or medical treatment outside the school setting (through licensed therapist or physician)</li> </ul>		
DESCRIBE THE ITEMS CHECKED ABOVE: INCLUDE BEGIN/END DATES FOR EACH APPLICABLE SERVICE, PROGRAM, OR CIRCUMSTANCE: (Attach the supporting documentation; your signature below serves as a medical release of information. Additional evidence may be requested.)		
PROPOSED METHOD OF TRANSPORTATION TO TRANSFER SCHOOL:	CURRENT METHOD OF TRANSPORTATION TO HOME SCHOOL:	
REASON FOR REQUEST:		
(Attach additional pages and supporting documentation)		

Completion of the Intra-District Transfer Application does not guarantee that a transfer will be granted nor does it mean it will be granted to the request school. The application will be reviewed by the Intra-District Transfer Committee whose decision will be shared with parent(s)/guardian(s).

I have read the District 155 Intra-District Process and Procedures and understand the information regarding this application. I attest that the provided information is accurate and fully understand will be shared and discussed by the Intra-District Transfer Review Committee who will make the decision regarding the transfer request.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Application should be submitted to the Office of the Assistant Superintendent of Educational Services:  
Center for Education, One South Virginia Road, Crystal Lake, IL 60014**

REVISED: April 2019